

P98000016414

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FLORIDA WATER SOLUTIONS, INC.
(Proposed corporate name - must include suffix)

100002435091--9
-02/19/98--01041--015
*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: WILLIAM F. TRIPPLER
Name (Printed or typed)

4368 TIDEWATER DRIVE
Address

Orlando, Florida 32812
City, State & Zip

1-407-893-2184 Vace mail
Daytime Telephone number

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

98 FEB 19 PM 3:01

FILED

NOTE: Please provide the original and one copy of the articles.

CB
2-19-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *FLORIDA WATER SOLUTIONS, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4368 TIDEWATER DRIVE
ORLANDO, FLORIDA 32812*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*WILLIAM F. TRIPPLER
4368 TIDEWATER DR.
Orlando, FLORIDA 32812*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*WILLIAM F. TRIPPLER
4368 TIDEWATER DR.
ORLANDO, FLORIDA 32812*

William F. Trippler

Signature/Incorporator

2-16-98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

William F. Trippler

Signature/Registered Agent

2-16-98

Date

FILED
98 FEB 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA